

CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO 09-03394

Debtor: James B. Kimball S.S. # XXX-XX-6509 Current Monthly Income: \$2,236.15  
Joint Debtor: Anayanci R. Kimball S.S. # XXX-XX-1877 Current Monthly Income: \$1,879.15  
Address: 100 Dogwood Way, Pearl, MS 39208 No. of Dependents: 2  
Telephone No: 601-914-9986 TAX REFUNDS AND EIC FOR DISTRIBUTION:

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured/priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 Months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$581.37 biweekly, to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer at:  
City of Pearl  
2422 Old Brandon Road  
Pearl, MS 39208

(B) Joint Debtor shall pay n/a Per (monthly/semi-monthly/weekly/bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer at:

PRIORITY CREDITORS: Filed claims that are not disallowed to be paid in full:

IRS: n/a Per (monthly/semi- Monthly/bi-weekly)  
State Tax Per: n/a Per (monthly/semi-monthly/bi-weekly)  
Other: n/a Per (monthly/semi- monthly/bi-weekly)

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:

Beginning n/a In the amount of: n/a Per month and shall be paid: n/a (directly/payroll deduction)  
through n/a (directly from debtor/payroll deduction).

PRE-PETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO: Same As Above

And shall be paid in the Amount of: n/a Shall Be Paid n/a Per Month and shall be paid through n/a (directly/through plan).

HOME MORTGAGE(S)

|                          |                    |            |                     |
|--------------------------|--------------------|------------|---------------------|
| MTG PMTS TO: Countrywide | BEGINNING: 11/2009 | @ \$837.00 | (x) PLAN ( ) DIRECT |
| MTG PMTS TO: n/a         | BEGINNING:         | @          | ( ) PLAN ( ) DIRECT |
| MTG PMTS TO: n/a         | BEGINNING:         | @          | ( ) PLAN ( ) DIRECT |

MTG ARREARS TO: Countrywide Through: 10/2009 Amount: \$4,185.00 = \$69.75 Per Month

MTG ARREARS TO: n/a Through: n/a Amount: n/a Per Month

Debtor's Initials /s/J.K. Joint Debtor's Initials /s/A.K.

**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) sum set out in the column "Total Amount to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

| <u>Creditor's Name</u>   | <u>Collateral</u>  | <u>Approx.<br/>Amount Owed</u> | <u>Value</u> | <u>Interest<br/>Rate</u> | <u>Total Amt.<br/>To Be Paid</u> | <u>Monthly<br/>Payment</u> |
|--------------------------|--------------------|--------------------------------|--------------|--------------------------|----------------------------------|----------------------------|
| 1 <sup>st</sup> Heritage | HHG                | \$3,246.00                     | \$500.00     | 7%                       | \$594.04                         | \$9.94                     |
| TRS Home Furnishings     | HHG                | \$1,374.00                     | \$500.00     | 7%                       | \$594.04                         | \$9.94                     |
| TRS Home Furnishings     | HHG                | \$757.00                       | \$500.00     | 7%                       | \$594.04                         | \$9.94                     |
| National Auto Finance    | 2005 Nissan Altima | \$16,835.00                    | \$8,500.00   | 7%                       | \$10,098.61                      | \$168.31                   |

**SPECIAL CLAIMANTS.** (Co-Signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditors must file a proof of claim to receive proposed payment.

| <u>Creditor's Name</u> | <u>Collateral</u> | <u>Approx.<br/>Amount Owed</u> | <u>Proposal to Be Paid</u> |
|------------------------|-------------------|--------------------------------|----------------------------|
| n/a                    | n/a               | n/a                            | n/a                        |

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

N/A

**UNSECURED DEBTS:** totaling approximately \$16,383.00 are to be paid in deferred payments to Creditors that have timely filed claims that are not disallowed: IN FULL or 0 %

Total Attorney Fees Charged: 2500.00 Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid: \$766.00

Attorney fees to be paid through the plan: \$ 1,734.00

Name/Address/Phone# of Vehicle Insurance Co. Agent

Attorney For Debtor (Name/Address/Phone #/E-Mail)

John L. Gadow  
502 S. President Street  
Jackson, MS 39201  
Telephone: (601) 948-4878  
Facsimile: (601) 938-3549

Date: 10.13.09

Debtor's Signature: /s/James B. Kimball

Joint Debtor's Signature: /s/Anayanci R. Kimball

Attorney's Signature: /s/John L. Gadow

## CHAPTER 13 PLAN CONTINUATION SHEET

Additional Secured Claims:

| <u>Creditor's Name</u> | <u>Collateral</u> | <u>Approx.<br/>Amount Owed</u> | <u>Value</u> | <u>Rate</u> | <u>Int.<br/>To Be Paid</u> | <u>Total Amount</u> | <u>Monthly<br/>Payment</u> |
|------------------------|-------------------|--------------------------------|--------------|-------------|----------------------------|---------------------|----------------------------|
| n/a                    | n/a               | n/a                            | n/a          | n/a         | n/a                        | n/a                 | n/a                        |

Additional Special Claimants:

| <u>Creditor's Name</u> | <u>Collateral (Type of Debt)</u> | <u>Approx. Amt. Owed</u> | <u>Proposal to Be Paid</u> |
|------------------------|----------------------------------|--------------------------|----------------------------|
| n/a                    | n/a                              | n/a                      | n/a                        |

Additional Special Provisions:

n/a

Debtor's initials /s/J.K. Joint Debtor's Initials /s/A.K.

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